

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2014	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST				STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803			
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: 10/20, 21, 22, 23, 24, and 27, 2014</p> <p>Facility number: 000249 Provider number: 155358 AIM number: 100267640</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN Geoff Harris RN Vickie Nearhoof RN</p> <p>Census Bed Type: SNF/NF: 64 Total: 64</p> <p>Census Payor Type Medicare: 9 Medicaid: 35 Private: 14 Other: 6 Total: 64</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/28/2014 by Brenda Marshall, RN.</p>			F 000			
F 242 SS=E	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or</p>			F 242			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	<p>Continued From page 1</p> <p>her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents' preferences for customary routines for number of weekly showers/baths, were honored for 3 of 3 residents reviewed who met the criteria for choices. (Residents #97, #100, and #47)</p> <p>Findings include:</p> <p>1. Resident #100 was interviewed on 10/22/14 at 10:16 a.m. The resident indicated she had not been asked since admission how many times she preferred to be bathed weekly.</p> <p>The Administrator and Activity Director were interviewed on 10/24/14 at 2:30 p.m. The staff indicated the MDS (Minimum Data Set) assessment did not include how many times a week the resident preferred to have a bath.</p> <p>2. Resident #97 was interviewed on 10/20/14 at 1:45 p.m. The resident indicated he had not been asked how many times a week he preferred to bathe.</p> <p>The resident's clinical record was reviewed on 10/20/14 at 3:00 p.m. Documentation on a Social Service MDS supportive documentation tool coded the resident had no cognitive impairments.</p>	F 242			

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F 242	<p>Continued From page 2</p> <p>The Administrator and Activity Director were interviewed on 10/24/14 at 2:30 p.m. The staff indicated the MDS (Minimum Data Set) assessment did not include how many times a week the resident preferred to have a bath.</p> <p>3. During interview of Resident #47 on 10/21/14 at 9:37 a.m., the resident indicated she was not given a chose of frequency of showers.</p> <p>During review of Resident #47's clinical record, on 10/27/14 at 10 a.m., the most recent annual assessment, dated 10/7/2014, indicated the resident had no cognitive impairment.</p> <p>A quarterly activity assessment, dated 10/7/14, did not identify the resident's preference for frequency of showers.</p> <p>The Administrator and Activity Director were interviewed on 10/24/14 at 2:30 p.m. The staff indicated the MDS (Minimum Data Set) assessment did not include how many times a week the resident preferred to have a bath.</p> <p>Review of a Facility policy titled "Resident Rights" received from the DON (Director of Nursing) on 10/27/14 at 11 a.m., indicated under the title of "Quality of Life" "(b) Self-determination and participation (1) Choose activities, schedules, and health care consistent with his or her interest, assessments and plans of care;.."</p> <p>3.1-3(u)(1)</p>	F 242			

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F 371 F 371 SS=F	Continued From page 3 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure pureed food was prepared under sanitary conditions and failed to ensure adequate hand washing. This had the potential to affect 62 of 64 residents who received food that was prepared in kitchen. Findings include: 1. On 10/24/14 at 10:32 a.m., Dietary Aide #4 (DA#4) prepared the pureed meat for the noon meal. Afterwards, she washed and rinsed the Robot Coupe (puree machine) container in the three compartment sink containing an undissolved sanitation tablet. The Dietary Manager (DM) used a Hydrion Papers QT-44 test strip to test the water for sanitation in the third compartment of the three compartment sink. The DM stated, "The strip registered 100 orange on the test strip. The sanitized water should have been 200 to 400 on the test strip." On 10/24/14 at 10:43 a.m., DA#4 proceeded to	F 371 F 371			

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F 371	<p>Continued From page 4</p> <p>dry the Robot Coupe container with a wet cloth retrieved from a nearby red bucket that contained an undissolved sanitization tablet. The DM indicated she had written permission to use the sanitized cloths from the red buckets to wipe out the water and dry the Robot Coupe container for immediate use. The DM indicated the red buckets contained water and a Steramine tablet (sanitation tablet). The DM used a Hydrion Papers QT-44 test strip to test the water sanitation in the red bucket. The DM indicated the strip registered less than (<) 100 orange for the red bucket of water and should have been 200 to 400 on the test strip.</p> <p>On 10/24/14 at 10:45 a.m., the DM tested water sanitation in a second red bucket containing an undissolved sanitation tablet. The DM indicated the sanitation strip measured less than (<) 100 and should have been 200 to 400 on the test strip for adequate sanitation.</p> <p>On 10/24/14 at 10:55 a.m., the DM stated, "The sanitizer was low in the two red buckets and in the three compartment sink because the Steramine tablets had not dissolved." She stated, " We did not stir the water to dissolve the Steramine tablets in the sink or the buckets."</p> <p>On 10/24/14 at 11:00 a.m., the DM stirred the water to dissolve the sanitation tablet and rechecked the sanitization level in the third compartment of the sink and in the red buckets. The Hydrion Papers QT-44 test strip registered greater than (>) 200. The DM indicated, "So, now I know to stir the water and dissolve the Steramine tablet before testing and using."</p> <p>On 10/24/14 at 11:45 a.m., the DM provided an</p>	F 371			

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F 371	<p>Continued From page 5</p> <p>undated policy, titled, "POLICY AND PROCEDURE FOR USE OF STERAMINE FOR SANITIZING FOOD CONTACT SURFACES." The policy indicated, "...For counter tops and surfaces: ...Add 1 Steramine tablet to water and stir until dissolved. Water should measure 200-400 ppm. (parts per million)...For three compartment sink: ...Add 12 Steramine tablets to water and stir until dissolved. Water should measure 200-400 ppm. Remove utensil/equipment to draining area and allow to air dry before storing...."</p> <p>On 10/27/2014 at 9:00 a.m., the DM provided manufacture's documentation for Steramine Tablets. The information included, but was not limited to: "...Prepare sanitizing solutions with warm water. Allow several minutes for tablets to dissolve before using. Sanitize in a solution of 1 to 2 TABLETS per 1 GALLON OF WATER (200 to 400 ppm) in third sink compartment. Place sanitized utensils on a rack or drain board to air dry...."</p> <p>At the same time, the DM provided manufacture's documentation for Hydrion Papers QT-44 test strips. The information included, but was not limited to: "...Expiration 10-01-14 Lot 227512...." The DM indicated she did not know the test strips had an expiration dates.</p> <p>An undated policy provided by the DM on 10/27/14 at 9:00 a.m. titled, "Cleaning Procedures-Food Processor/Blender Policy and Procedure." included, but was not limited to: "...Clean bowl, blades, lid and/or pitcher in the 3-compartment sink (according to the correct procedure) or in the dishmachine...."</p>	F 371			

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F 371	<p>Continued From page 6</p> <p>On 10/27/14 at 9:00 a.m., DM provided a policy, identified as current, dated 7/89, which addressed: "...Subject: Use of sanitary cloths on plastic dishes." The DM indicated the document was the kitchen's written permission to use the sanitized cloths from the red buckets to wipe out the water and dry the Robot Coupe container for immediate use. The documentation did not indicate to dry the stainless steel Robot Coupe container with a wet cloth.</p> <p>2. On 10/24/14 at 10:45 a.m., Dietary Aide #5 (DA#5) was observed washing her hands at the kitchen hand washing sink. DA#5 turned on the faucet, wet her hands with water, applied soap to her hands, scrubbed hands with the soap for less than five seconds, rinsed hands, turned off the faucet with her hands, and grabbed a paper towel to dry hands.</p> <p>On 10/24/14 at 10:47 a.m., DA#5 indicated that she was unsure how long to scrub her hands with soap. DA#5 stated, " I think for one minute or to sing the birthday song. I did not use the song, but it was not for long. I cannot remember how long exactly that I scrubbed my hands. "</p> <p>On 10/24/14 at 10:55 a.m., the DM indicated staff are instructed to wash hands after completion of a task before moving to a clean area. The DM indicated she had observed DA#5 incorrectly wash her hands when she shut off the water faucet with her bare hands.</p> <p>On 10/24/14 at 11:20 a.m., DA#5 began preparing trays with plates of food to be distributed to residents' rooms for the noon meal.</p> <p>On 10/24/14 at 11:30 a.m., the DM provided a current policy and procedure for hand washing. The document included, but was not limited to:</p>	F 371			

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F 371	Continued From page 7 "...The Center for Disease Control (CDC) recommends that hands be washed routinely in the following situations: After handling contaminated equipment...PROCEDURE...Lather all areas of hands and wrists, rubbing vigorously for at least 20-30 seconds... Turn off faucet with clean paper towel and discard towel immediately...." 3.1-21(i)(3)	F 371			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441			

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F 441	<p>Continued From page 8</p> <p>hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure proper sanitation procedures to prevent possible cross contamination for 1 of 2 observations of blood glucose monitoring. This had the potential to affect 5 residents on the unit that required accucheck monitoring. (Residents #20, #23, #30, #1, and #40)</p> <p>Finding includes:</p> <p>On 10/20/14 at 11:50 a.m., LPN #1 was observed to perform a blood glucose test for Resident #20. The nurse entered the resident's room, placed the accucheck meter on the resident's over bed table. With gloves on the nurse swabbed the resident's finger with an alcohol swab, performed the finger stick and dropped blood onto the test strip inserted into the meter. After the test the nurse removed her gloves, picked the meter up and placed on the roommate's overbed table. She then washed her hands in the bathroom, picked the meter up, exited the room and placed the meter on top of the medication cart. The nurse used hand sanitizer and prepared medications for another resident. After</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>administering the medication the nurse wiped the meter with a sani-cloth wipe, and placed the meter on a barrier on top of the cart.</p> <p>LPN #6 was interviewed on 10/27/14 at 11:32 a.m. The nurse indicated there were five residents on the unit that required accucheck monitoring.</p> <p>Resident #20's clinical record was reviewed on 10/27/14 at 12:07 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 5/23/14, indicated the resident was to receive blood sugar checks before meals and at bedtime.</p> <p>Resident #23's clinical record was reviewed on 10/27/14 at 12:00 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 9/10/14, indicated the resident was to receive blood sugar checks before meals and at bedtime.</p> <p>Resident #30's clinical record was reviewed on 10/20/14 at 2:40 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 8/2/14, indicated the resident was to receive blood sugar checks per finger stick before meals and at bedtime.</p> <p>Resident #1's clinical record was reviewed on 10/27/14 at 12:10 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 7/11/12, indicated the resident was to receive fingerstick blood sugars before meals and at bedtime.</p> <p>Resident #40's clinical record was reviewed on 10/27/14 at 9:20 a.m. A diagnosis was noted of,</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>but not limited to, Diabetes Mellitus. A physician's order was noted, dated 9/10/14, indicated the resident was to receive blood sugar testing before meals and at bedtime.</p> <p>On 10/27/14 at 3:01 p.m., the In-Service Coordinator indicated the supplies should have been picked up with the barrier and the meter placed on another barrier on the medication cart.</p> <p>A facility policy titled "Policy and Procedure For Glucose Checks per Finger Stick," (no date) provided by the In-Service Coordinator on 10/27/14 at 3:01 p.m., included, but was not limited to: "Procedure...E. Glucometer F. Barrier</p> <p>5. Place barrier on bed side table and place necessary items on barrier. 10. Place blood on strip. 11. Wait for reading. 12. Remove glucose strip from glucometer...13. Remove gloves 14. Wash hands 15. Obtain supplies."</p> <p>3.1-18(a)</p>	F 441			